UNITED STATES DISTRICT COURT

IOI	uie
Distr	ict of
	_ Division
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-	Case No. 3:23 CV 34 (to be filled in by the Clerk's Office) Jury Trial: (check one) Yes No
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Sc 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

I. The Parties to This Complaint

Α.	The Plaintiff(s)				
	Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.				
	Name	IT J. Brook	Mich	DEL BEALOW	
	Address	1401 Fairfeild	N84 ·	1201 10017700	
		Richmond	1/4	23225	
		City	State	Zip Code	
	County				
	Telephone Number				
	E-Mail Address				
B.	The Defendant(s)				
	Provide the information below for individual, a government agency, include the person's job or title (in them in their individual capacity of the control of	an organization, or a corporation f known) and check whether you	n. For an inc	lividual defendant,	
	Defendant No. 1	_			
	Name	J. Brown			
	Job or Title (if known)	LT.			
	Address	1701 Fairfeild	1024		
		Richmond	1/14	23225	
		City	State	Zip Code	
	County				
	Telephone Number				
	E-Mail Address (if known)				
		Individual capacity	Official c	apacity	
	Defendant No. 2				
	Name	S Bown			
	Job or Title (if known)	DEPUTY			
	Address		Way		
			1//		
		Richmond City	State	23275 Zip Code	
	County	·		- 4	
	Telephone Number				
	E-Mail Address (if known)				
		Individual capacity	7.065-1-1		
		morvidual capacity	Official ca	ipacity	

		Defendant No. 3 Name Job or Title (if known) Address County Telephone Number E-Mail Address (if known)	City	State	Zip Code
		Job or Title (if known) Address County Telephone Number	City	State	Zin Coda
		Address County Telephone Number	City	State	Zin Co.d.
		County Telephone Number	City	State	Zin Codo
		Telephone Number	City	State	7in Codo
		Telephone Number		Siaic	
		Telephone Number			Zip Coae
			Individual capacity	Official capa	city
	ם	Defendant No. 4			
		Name			
		Job or Title (if known)			
		Address			
			City	State	Zip Code
		County			
		Telephone Number			
		E-Mail Address (if known)			
			Individual capacity	Official capa	city
II.	Basis for	Jurisdiction			
	Federal B	U.S.C. § 1983, you may sue state as secured by the Constitution and the secured of Narcotics, 403 U.S. 388 and rights.	l [federal laws]," Under Bive	ens v. Six Unknown	Named Agents of
	A. A	re you bringing suit against (check	call that apply):		
		Federal officials (a Bivens clai			
	Į.	State or local officials (a § 198	33 claim)		
	tn	ection 1983 allows claims allegin e Constitution and [federal laws] deral constitutional or statutory r	." 42 U.S.C. § 1983. If you	are suing under sec	tion 1983, what
	C. Pl	Privileges, Hu aintiffs suing under Bivens may of e suing under Bivens, what consti	only recover for the violation	of certain constitu	tional rights. If you

officials?

<u>Pro Se 15 (Rev.</u>	12/16) Complaint for	Violation of Civil Rights (Non-Prisoner	ì

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Papar Attach

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Richmond City Jail

B. What date and approximate time did the events giving rise to your claim(s) occur?

Pates on Paper Attach

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Refer to Paper Attach

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IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Ore situation I passed out and had to go to Medical because my blood Pressure went up a result of the deputy's tryna send two inmates in my Cell to stab me on 9/28/2022

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$25K to 50K

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: 1/3/	12023		
	Signature of Plaintiff Printed Name of Plaintiff	Michael Robert Ben MICHAEL Robert	Ben 6	ow
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney Printed Name of Attorney Bar Number			
	Name of Law Firm Address			
	Telephone Number	City	State	Zip Code
	E-mail Address			

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on 9/28/2022 I was Placed In Richmond City Jain

Custody. My rights was denied and I was also Neglected my basic needs. I was Put into the suicide Chair for banging my head on the wall. While I was in the swicide chair my dell door was unlock and 2 deputy's was trying to send to 29nmates 9n my cell to try and stab me (vadeo won't lie) I yelled to the deputy that my blood Pressure was high I need to see the nurse and I want my cell door locked when I got out the Chair I Passed out an my cell before being taken to Medical.

on 9/28/2022 I was nover fingerprinted in the Jail Which is a violateon on the Ja915 Part they was so worried about my case then focusing on my health and me being an inmate and in there mo about Even give No hygiene Products or anything they refused to let.

on 10/2/2022 I was sent to VCU medical center for not Eatting for 12 meals while at VCu medical center Doctor Jeremy Sayers 192 an Evaluation on my Right foot and said there was no reason my foot should have been wrapped so tight like in a Right thigh where I had stitches and realized an infection as well he called the medical department of the Jagl and they had No clue why my foot was wrapped the way of was and advised them to remove my strates on two days which would've been a wednesday 10/4/22 but they decided to remove them on thursday disregarding a doctors order.

on that challed from 100054 the MRQ8 bockment 1 Filed 01/11/23 Page 8 of 8 PageID# 8

and my toblet was completely turned of I was left in Piss and
feces the whole weekend deputies was kicking my door so I
would'nt sleep and I didn't recieve wound care at all that
whole weekend this is inhumane and left with the same gauges on
go thru this regardless of what your charge haybe.

on 12/12/2002. I was leter governing my ann headen on a merital health where I should be giving all my medical or at the Atoparmy health be giving me of the My heads.

from 12/8 - 12/16

I'm being kept in a cell for 24hrs with No rec I should recieve at least an hour out a day the Max time I been out why in being kept in this dell so long without a minimum of an hour like a pithull. I'm on a mental health unit keeping me in a cell for all to ushrs with no books or anything to do doesn't help a resson mental state it makes it worst.

As of 1/3/2023 9M CUrren 714 housed at Centra, State Hospital